

Exhibit A

CLAIM AGAINST US POSTAL SERVICE
VEHICULAR PROPERTY DAMAGE
****READ AND FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE****
TYPE OR PRINT ALL INFORMATION CLEARLY

DATE: 06/08/2020

OWNER'S INFORMATION

Juan Peralta
Full Name

196 Meade St Perth Amboy, NJ 08861-4514
Street Address

S.S.#

Home Tel#

Bus Tel#

COMPLETE VEHICULAR INFORMATION

2014
Year

Honda
Make

Accord ex
Model

UNK
Plate

DRIVER'S INFORMATION

Peralta, Juan
Full Name

196 Meade St 2 Perth Amboy, NJ 08861-4514
Street Address

S.S.#

Home Tel#

Bus Tel#

INSURANCE INFORMATION

GEICO Indemnity Company
Carrier Name

P.O Box 88 Woodbury, NY 11797
Street Address

Merline Genece
Contact

540-286-4463
Tele #

0592902250101020
Claim Number

Do you have insurance? ☒ Yes ☐ No

Did you report the accident to your Insurance Company? ☒ Yes ☐ No

Were you paid by your Insurance Company? ☒ Yes ☐ No

\$500.00

Amount of Deductible?

0000030359290225010102001120



ACCIDENT INFORMATIONDate of Loss: June 18, 2019

Time of Loss: _____

Accident Location: 678I SOUTHBOUND VAN WYCK EXPRESSWAY NEAR QUEENS BLVD, NYDetailed Accident Description: Post Office struck Geico vehicleDid the Police Investigate the Accident: Yes

Officer's Name: _____

Shield: _____

Precinct: _____

Report Number: 102001828TOW CLAIMS

Exact Date of Tow: _____

Time: _____

Exact Location Vehicle was towed from: _____

Location Vehicle was picked up at: _____

Receipt Number: _____ Voucher Number: _____

LIST OF DAMAGES & COST

DATE:

DESCRIPTION:

COST:

6/18/2020collision\$6,934.25

TOTAL AMOUNT OF CLAIM: _____

\$6,934.25VEHICLE INFORMATIONMunicipality: Us Postal ServiceAddress: 1720 Market St, RM 2400, Saint Louis, MO, 63155-9915Agency/Employed By: Us Postal ServiceVehicle: 2019 Freightliner truckLicense Plate: ██████████

IMPORTANT INSTRUCTIONS FOR FILING THIS CLAIM

CLAIMS MUST BE FILED WITHIN 90 DAYS FROM THE DATE OF THE INCIDENT AT US POSTAL SERVICE 1720 MARKET ST, RM 2400, SAINT LOUIS, MO, 63155-9915. COMPLETE ALL OF THE QUESTIONS ON THE FORM WHICH APPLY TO YOUR CLAIM.

PURSUANT TO STATE AND FEDERAL LAWS, THE COMPTROLLER'S OFFICE IS AUTHORIZED TO OBTAIN SOCIAL SECURITY NUMBERS FOR TAX PURPOSES AND FOR THE COLLECTION OF LIENS HELD BY THE CITY AND STATE.

COPIES OF THE FOLLOWING ARE ENCLOSED:

- ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES.
- ITEMIZED PAID BILLS, CANCELLED CHECKS, ETC. AS PROOF OF PAYMENT FOR THE REPAIR OF THE DAMAGE.
- PHOTOGRAPHS OF DAMAGE DONE TO THE VEHICLE, IF AVAILABLE, WITH YOUR NAME AND ADDRESS PRINTED CLEARLY BEHIND EACH ONE SUBMITTED.
- PHOTOGRAPHS OF THE DEFECTIVE STREET OR ROADWAY, IF AVAILABLE.
- NOTARIZED WITNESS STATEMENTS, IF AVAILABLE.
- COPIES OF REGISTRATION, DRIVER LICENSE, TITLE AND LEASE AGREEMENT, IF APPLICABLE, VALID AT THE TIME OF THE ACCIDENT.

NOTARY CERTIFICATION

Signature/ Title: _____

CLAIMS SUPERVISOR

Date: 06/05/2020

State of New York)ss:
County of Nassau

Merline Genece

Being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that the same is true to the best of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of Claimant: _____

Date: 06/05/2020

IMPORTANT: IF THE CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND NINETY DAYS FROM THE DATE OF THE INCIDENT.

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public Signature _____

Please provide the relevant information for the following applicable items and return this form promptly along with the main claim form.

CONDITIONS & DESCRIPTION OF ACCIDENT/INCIDENT LOCATION

Select the Actions of the vehicle before the accident:

Yours NYC

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | - Going Straight Ahead |
| <input type="checkbox"/> | <input type="checkbox"/> | - Making a Right Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | - Making a Left Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | - Making a U-Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | - Starting From A Parked Position |
| <input type="checkbox"/> | <input type="checkbox"/> | - Starting in Traffic |

Yours NYC

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | - Slowing or Stopping |
| <input type="checkbox"/> | <input type="checkbox"/> | - Stopped in Traffic |
| <input type="checkbox"/> | <input type="checkbox"/> | - Entering a Parked Position |
| <input type="checkbox"/> | <input type="checkbox"/> | - Parked |
| <input type="checkbox"/> | <input type="checkbox"/> | - Avoiding Object in Road |

Yours NYC

[] [] - Overtaking
 [] [] - Merging
 [] [] - Backing
 [] [] - Changing Lanes
 [] [] - Other _____

[] - Dry [] - Wet
 [] - Muddy [] - Snow/Ice
 [] - Slush [] - Other
 [] - Construction (man-made cut)
 [] - Pothole (wear & tear condition)

WEATHER:

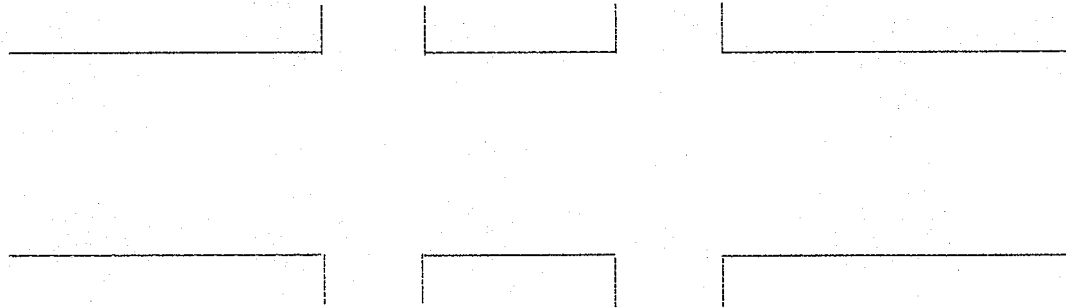
[] - Clear
 [] - Rain
 [] - Snow
 [] - Fog/Smog/Smoke
 [] - Sleet/Hail/Freezing Rain
 [] - Other _____

TRAFFIC CONTROL:

Yours NYC

[] [] - None
 [] [] - Red
 [] [] - Yellow
 [] [] - Green
 [] [] - Yield Sign
 [] [] - Stop Sign
 [] [] - Flashing Light
 [] [] - Not Working
 [] [] - Person Directing Traffic
 [] [] - Other _____

Accident Diagram: PLEASE USE THE DIAGRAM TO ILLUSTRATE THE EXACT LOCATION OF THE ROADWAY OR SIDEWALK DEFECT: Number all the Vehicles
 (Your Vehicle is #: 1 and NYC is #: 2)



(a) What caused the accident?

(b) Is the location under repair? Yes _____ No _____

(c) Were the repairs recently completed? Yes _____ No _____

If YES, When? _____

(d) Does the defect appear to be man-made? Yes _____ No _____

If YES, explain whether this defect was a construction cut in the roadway or sidewalk:

0000030359296235010102031124

(e) Name of construction company (If Known): _____

(f) Was the defect next to a man hole? Yes _____ No _____

If YES, please specify which utility (BY NAME): _____

Measurement of the defect? Length: _____ Width: _____ Depth: _____

